

Application for Employment



Please Print

Please be careful to fully, completely, and truthfully answer each question on this Application. A false or incomplete answer will disqualify you from employment. If inaccuracy is not discovered until after employment, such inaccuracy could result in your discharge from employment.

Position(s) applied for: _____ Date of application: ____/____/____

Referral Source: Advertisement Employee Relative Government Employment Agency
 Walk-in Private Employment Agency Other: _____
Name of source (if applicable): _____

Name: _____
Last First Middle

Last Address: _____ Social Security # _____
Street City State Zip Code

Home Telephone # (____) _____ Mobile/Beeper/Other Phone # (____) _____

E-mail Address: _____

If necessary, best time to call you at home is: _____ : am pm

May we contact you at work? Yes No

If yes, work number and best time to call: _____ : am pm Telephone Number: (____) _____

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s): _____

Have you ever been employed here before? Yes No

If yes, give dates: From ____/____/____ To ____/____/____ Position: _____

Are you legally eligible for employment in this country? Yes No

Date available for work: ____/____/____ What is your desired salary range? \$ _____

Type of employment desired: Full-time Part-time

What shift would you prefer? 1st 2nd 3rd Will you work any shift? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain why: _____

..... Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Driver's license number if driving is an essential job function: _____ State: _____

ANSWERING 'YES' TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

SUPERIOR BATTERY MFG. COMPANY, INC. IS AN EQUAL OPPORTUNITY EMPLOYER

Educational Background (if job related)

Starting with our most recent school attended provide the following information.

| School (Include City and State) | Number of Years Completed | Achieved | GPA Class Rank | Major | Minor |
|---------------------------------|---------------------------|---|-------------------|-------|-------|
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |
| | | <input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | |

References

List name and telephone number of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

| Name | Title | Relationship To Candidate | Telephone | Number of Years Known |
|------|-------|---------------------------|-----------|-----------------------|
| | | | () | |
| | | | () | |
| | | | () | |
| | | | () | |
| | | | () | |

Additional Information

List professional, trade, business or civic associations and any offices held.

Exclude memberships that would reveal race, color, religion, sex national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.

| Organization | Offices Held |
|--------------|--------------|
| | |
| | |
| | |
| | |

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex national origin, citizenship, age, mental or physical disabilities, veteran/reserve National Guard or any other similarly protected status.)

List any additional information you would like us to consider. _____

Employment History

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

| | |
|---|--|
| Employer Telephone # () | Dates Employed Month / Year to Month / Year |
| Street Address City State | Compensation (Starting) |
| Starting Job Title/Final Job Title | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| Immediate Supervisor and Title | Commision/Bonus \$ |
| Reason for Leaving | Compensation (Final) |
| May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| | Commission/Bonus \$ |

| | |
|---|--|
| Employer Telephone # () | Dates Employed Month / Year to Month / Year |
| Street Address City State | Compensation (Starting) |
| Starting Job Title/Final Job Title | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| Immediate Supervisor and Title | Commision/Bonus \$ |
| Reason for Leaving | Compensation (Final) |
| May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| | Commission/Bonus \$ |

| | |
|---|--|
| Employer Telephone # () | Dates Employed Month / Year to Month / Year |
| Street Address City State | Compensation (Starting) |
| Starting Job Title/Final Job Title | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| Immediate Supervisor and Title | Commision/Bonus \$ |
| Reason for Leaving | Compensation (Final) |
| May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| | Commission/Bonus \$ |

| | |
|---|--|
| Employer Telephone # () | Dates Employed Month / Year to Month / Year |
| Street Address City State | Compensation (Starting) |
| Starting Job Title/Final Job Title | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| Immediate Supervisor and Title | Commision/Bonus \$ |
| Reason for Leaving | Compensation (Final) |
| May We Contact for Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ Per |
| | Commission/Bonus \$ |

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Word Excel MS Office Power Point Internet

Other: _____

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

Drug Free Workplace

Superior Battery maintains a drug free workplace. All applicants considered for any position must undergo a pre employment drug screening at Superior Battery's expense. Applicants testing positive for illegal substances will be disqualified from consideration. If applicant test negative upon hire, will be expected to abide by the company's drug testing policy.

DO YOU CONSENT TO THE PRE EMPLOYMENT DRUG SCREENING? YES NO

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Upon completion of application you must go to the Kentucky Work Force Center and complete required testing. This center is located inside the Charlene S. Harris Educational Center on Steve Wariner Drive in Russell Springs. The phone number at the center is 270-866-2273.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: _____

Date: ____/____/____